

DPW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Allen, Robert, et al.

Serial No. 10/670,908

Filed: September 25, 2003

For: INFORMATION HANDLING SYSTEM
INCLUDING POWER SUPPLY SELF
DIAGNOSTICS

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Examiner: Sun, Xiuqin

Group Art Unit: 2863

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office action dated January 25, 2005, enclosed are the following regarding the above-identified patent application:

1. Amendment and Request for Reconsideration Under 37 CFR §1.111; and
2. Transmittal letter.

☐ Small entity status of this application has been established by a previously submitted verified statement under 37 C.F.R. §§ 1.9 and 1.27.

☐ No additional fee is required.

The fee has been calculated as shown below:

The fee has been calculated as shown below.

| (Col. 1) | | (Col. 2) | | (Col. 3) | | <u>SMALL ENTITY</u> | | <u>OTHER THAN A SMALL ENTITY</u> | | |
|---|---|---------------------------------------|--|------------------|--|---------------------|---------------|----------------------------------|-------|----------------|
| CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NO. PREVIOUSLY PAID FOR | | PRESENT EXTRA | | RATE | ADDIT. FEE | <u>OR</u> | RATE | ADDIT. FEE |
| TOTAL | 9 minus | 21 | | = 0 | | x 25 | \$ _____ | OR | x 50 | \$ <u>0.00</u> |
| INDEP | 1 minus | 3 | | = 0 | | x 100 | \$ _____ | OR | x 200 | \$ <u>0.00</u> |
| [] | FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | | + 180 | \$ _____ | OR | + 360 | \$ _____ |
| | | | | | | TOTAL | \$ _____ | OR | TOTAL | \$ <u>0.00</u> |

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge Deposit Account No. [08-1394 H&B] in the amount of \$ _____.

☒ A check in the amount of \$200.00 is attached.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. [08-1394 H&B, Order No. 16356.843 (DC-05910)].

The PTO did not receive the following
listed item(s) the check in the
amount of \$ 200.00.

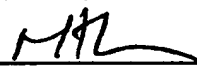
- [X] Any additional filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims.
[] Any patent application processing fees under 37 C.F.R. § 1.17.
[] A copy of this sheet is enclosed.

Respectfully submitted,


James R. Bell
Registration No. 26,528

Dated: 4-22-05
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A-176523_1.DOC

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| I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. | |
| on | 4/22/05 |
| Date | |
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| NISHI PASARKYA | |
| Typed or Printed name of person signing Certificate | |